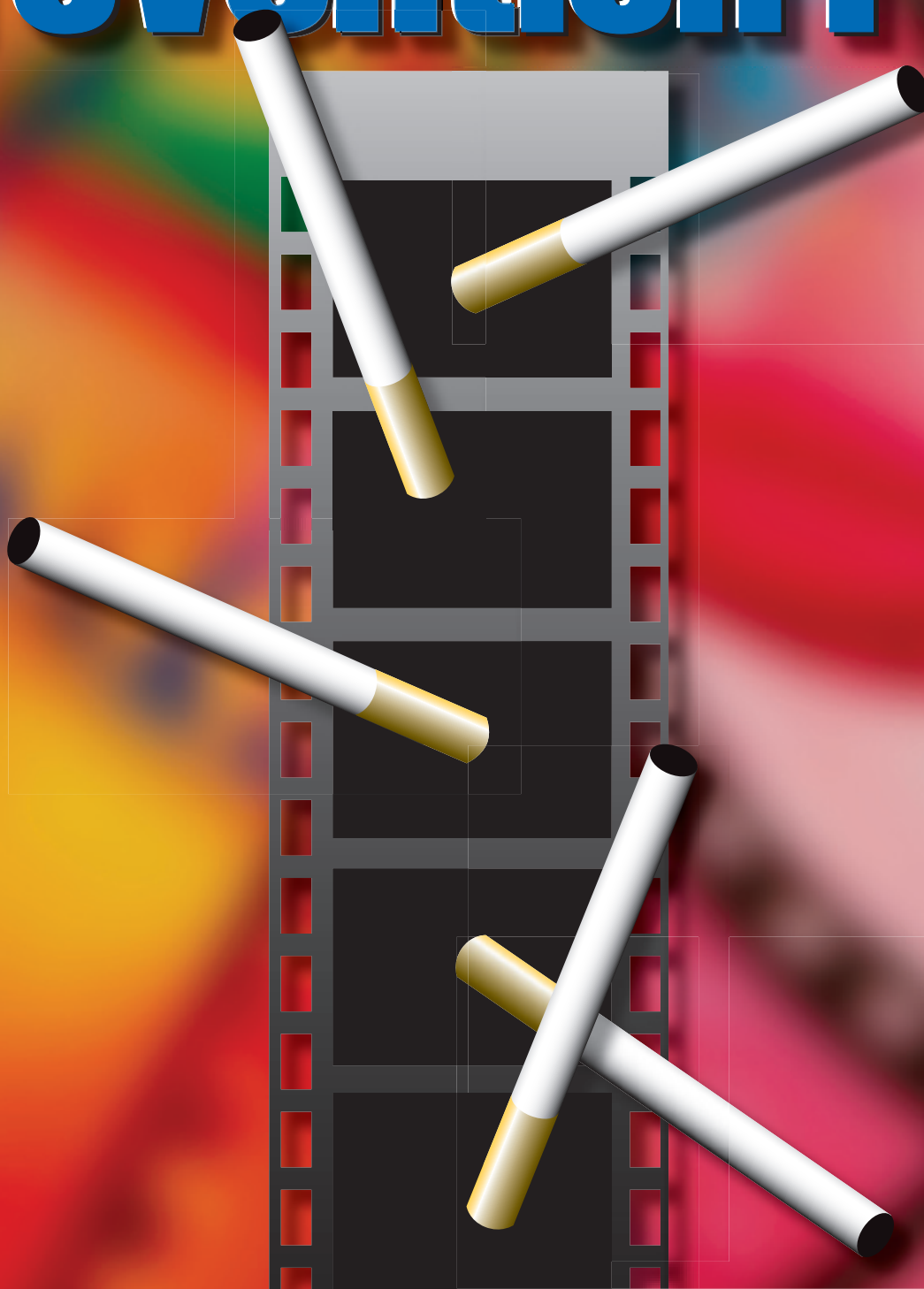


WINTER 2003

Alcohol, Tobacco and Other Drugs

Prevention File



■ Rated "R" . . . for Smoking

■ Ready . . . Fire . . . Aim?

■ Police in Schools:
Doing It the Australian Way

Fewer Liquor Stores, Less Violence

Reducing domestic violence in one area may be as simple as spreading out the stores that are allowed to sell alcohol, according to a recent study presented at the 130th Annual Meeting of the American Public Health Association in November 2002.

Researcher Hsieng-Teh Su, PhD, of the Mayo Clinic in Rochester, Minn., and Johns Hopkins University in Baltimore, Md., and her

colleagues compared the density of liquor stores in Baltimore County, to the rate of reports of domestic violence—physical, sexual or psychological—in that same region. They found that, on average, 12.3 reports of domestic violence were recorded by police each year for every 1,000 people. The region contains 673 licensed liquor stores or 1.3 stores for every 1,000 people.

Even after accounting for socioeconomic factors that could influence domestic violence, the researchers discovered that a doubling of the density of liquor stores was associated with a 9 percent increase in the rate of reported domestic violence.

"Maybe one of the ways (to reduce domestic violence) is to restrict the availability of alcohol, I think," Su said in a Reuters Dispatch. "But that's kind of hard, so we'll see."

Going After Drugged Drivers

John Walters, director of the White House Office of National Drug Control Policy, has put people who drive under the influence of illegal drugs on notice that he's leading a national fight to ensure they face the same harsh penalties as alcohol-impaired drivers. An estimated eight million people a year drive under the influence of drugs.

"Between 10 and 22 percent of drivers involved in motor vehicle crashes are under the influence of illegal drugs. It's not taken seriously enough," said Walters.

ONDCP has put together a model law based in part on the eight states that already have what are known as *per se* laws on the books. In them, the "mere presence" of an illegal substance in a driver's blood is enough evidence to convict.

In driving-under-the-influence-of-alcohol offenses, illegal *per se* means that the operation of a vehicle by a person age 21 or older with a BAC at or above a legally defined numerical threshold constitutes an offense of impaired driving in and of itself. Currently 36 states have .08 *per se* laws on the books.

The discrepancy between the severity of punishments for alcohol-impaired and drugged drivers has been apparent to police and prosecutors for more than 20 years. The problem is based in part on technology to measure drugs in a person's system and in part on the weakness of many state laws.

A recent study released by the Robert Wood Johnson Foundation and the American Bar Association's Standing Committee on Substance Abuse (see www.saprp.org/druggeddriving.html) found that most state laws require prosecutors to

prove that the use of an illegal drug caused the driving impairment. The standard "is a difficult task for a scientist and even more difficult for a prosecutor" to prove, the report found. As a result, few people are ever prosecuted for drugged driving in those states.

Not Light Enough

Smokers who thought that switching from regular cigarettes to so-called lights or ultra lights reduced the health risks of tobacco use thought wrong—and some are learning the bad news from Philip Morris Cos., the world's largest tobacco company.

In November 2002 the tobacco giant started putting leaflets in its light, medium, mild and ultra-light cigarette packs saying the products aren't safer than regular cigarettes. The inserts will be in about 130 million packs of cigarettes sold in the United States, including Marlboro Lights, to better educate smokers, the company said yesterday.

After a National Cancer Institute report indicated smokers found the descriptions misleading, cigarette makers were pushed by legislators and antismoking groups to drop labels such as "light." The European Union has banned the use of such labels, and a U.S. court ordered Philip Morris to pay \$100 million to a smoker's family who said the company lied about low-tar cigarettes.

Dangerous Club Drug? Alcohol

Alcohol and violence pose more of an immediate health hazard than drugs for young adults who enjoy clubbing, according to a study in *Emergency Medicine Journal* (November 2002).

Drugs such as Ecstasy, speed, cocaine and heroin are a serious problem in clubs, but assaults fueled by alcohol are the main reason clubbers seek hospital treatment.

"There is a perception that clubbing is all about drugs and wild debauchery, certainly the latter. It is still primarily about drink," said one of the study's authors, Chris Luke, MD, of Cork University Hospital in southern Ireland.

Despite the glamour, high-tech atmosphere and designer drugs, the emergency room specialist said clubbing is really an old-fashioned activity with lots of alcohol and everything that goes with it. "The problems that require hospital attention are the ones that result from alcohol-fueled violence and pure alcohol intoxication compounded by drugs," he said in a Reuters Dispatch. "For every drug problem (treated

SAVE THE DATE

The U.S. Department of Education's 17th Annual National Meeting on Alcohol and Other Drug Abuse and Violence Prevention in Higher Education

Thursday—Sunday, October 16—19, 2003
Hyatt Regency Hotel, Austin, Texas

This is the national conference for examining issues around alcohol, other drugs and violence prevention on college campuses and in their surrounding communities. The National Meeting includes keynote speakers, workshops, skill-building sessions, showcases, town meetings, poster presentations, exhibits and the National Forum for Senior Administrators. Visit www.edc.org/hec for details as they develop.

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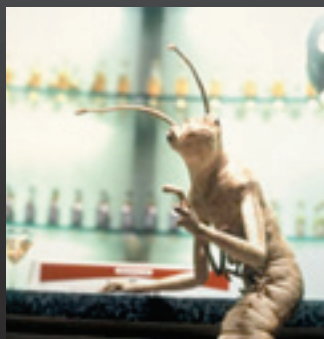
A call for beefed-up advertising codes.

Prevention Updates

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RATED "R"...



MOVIEGOERS MAY HAVE NOTICED that many of their friends have quit smoking in recent years, but they'd never know it from what they see on the big screen. Cigarette smoking in the movies is on the upswing, and there's reason to suspect that tobacco companies are responsible.

Stanton Glantz, PhD, a professor of medicine at the University of California at San Francisco and a longtime critic of the tobacco industry, is convinced that those responsible for on-screen smoking by popular movie stars are either dumb or receiving payola. "If they're doing it for money, they're corrupt. If they're doing it for free, they're stupid."

Glantz is pushing for a voluntary response from the film industry to the apparent proliferation of smoking in the movies. Among other things, he would like to see films receive an "R" rating—designed to exclude those under 17 from the audience unless accompanied by a parent—if any of the characters smoke. "If you use the F-word in a movie you get an R rating," he said in an interview with *Prevention* File. "Smoking in

the movies should be taken as seriously as the F-word."

The impact of on-screen smoking on young people is the main thrust behind Glantz's campaign, and he can cite research

to make his point. Surveys conducted by the Dartmouth Medical School and funded by the National Cancer Institute found that teenagers with the most exposure to movie smoking were more than two and a half times as likely to start smoking as those with minor exposure to smoking scenes in films. Part of the problem is that movies tend to depict smoking as something that powerful and glamorous people do, when in the real world smokers are more likely to be poor and less educated.

Glantz believes the motion picture industry has a responsibility to the public to clear the air if and when smoking is depicted in films. His

Smoke Free Movies initiative, supported by the Robert Wood Johnson Foundation and the Richard and Rhoda Goldman Fund, urges filmmakers to take these steps with films that portray smoking:

- Include a statement in screen credits to the

People in the Hollywood power structure have basically viewed this as some sort of silly issue and are not willing to accept responsibility. But the fact is, they're helping kill five-million people every year.

FOR SMOKING

effect that nobody involved in the production accepted anything of value from any tobacco company, its agents or fronts.

- Precede the film with a strong antismoking message, both for showing in theaters and on tapes and DVDs.
- Stop showing tobacco brand names in the background of a scene or as part of the action.
- Give a movie an "R" rating if it depicts smoking.

In November 2002 the Glantz proposals received the endorsement of the World Health Organization and the American Medical Association. "As countries worldwide grapple with the devastating and increasing impact of tobacco use, the entertainment industry must acknowledge the role it plays in shaping behavior—particularly for youth who are so susceptible to the on-screen glamorization of smoking," said Chitra Subramaniam, head of policy analysis and communications for the WHO's Tobacco Free Initiative.

The same point was made by Ronald M. Davis, MD, a trustee of the American Medical Association. "The AMA wants the entertainment industry to stop glamorizing cigarette smoking," he said. "It serves only to reinforce smoking as a desirable behavior and encourages young people to experiment with tobacco products and become addicted."

Glantz points out that congressional hearings revealed in the 1980s that cigarette companies

were paying movie makers and stars to plug their brands on film. The tobacco industry promised in 1989 to stop the practice—a promise reiterated in the 1998 settlement of lawsuits brought by states against tobacco companies. Cigarette smoking became relatively rare in movies made after 1990, but it has crept back onto the screen in recent years. Tobacco companies routinely deny that they are involved.

"In Hollywood, nothing happens if there isn't money involved somewhere," Glantz says. "Everybody denies now that any money is changing hands, but I think people are getting paid off. I don't have any proof of that, but in terms of the public health effect and

in particular the effect on kids, it doesn't really matter whether people are doing it because they're corrupt or because they're stupid."

Glantz makes a particular point of the chainsmoking by actress Sissy Spacek in the film *In the Bedroom* and an apparent effort to plug Marlboro as her choice of brands. The upper-middle-class woman portrayed by Spacek probably wouldn't be a smoker in reality, he points out. "There's no reason we have to have this kind of smoking in the movies. It contributes nothing to the plot. It's actually pretty much out of context." Other recent films heavy into smoking included *The Royal Tenenbaums* and *Vanilla Sky*. Eyebrows also were raised when Julia Roberts



MOVIE SMOKING RATES UP

Teens and preteens are seeing more smoking in movies, according to a U.S. Public Interest Research Group report on smoking in the movies.

PIRG measured the amount of smoking shown in films two years before 1998 and the two years after that. A landmark agreement in 1998 between 46 states and tobacco companies required the companies to cease marketing practices that targeted minors and restricted them from paying Hollywood to get product placement in films.

The report says that tobacco use in movies popular with preteens has increased by 50 percent since 1998. PIRG says the increased tobacco use in movies, after the settlement, has raised questions about the ability of Big Tobacco to circumvent the terms of the agreement. It calls on Hollywood to curb tobacco use in its movies and state attorneys-general to enforce the agreement. According to the PIRG report:

- Smoking in popular, PG-13 (or AA 14 in Canada) movies went up 50 percent since the settlement.
- Most of the films portray smokers and smoking in a positive light—83 percent of movies showed characters that had neutral attitudes toward smoking, or made smoking “cool.”
- Only 17 percent of movies (down from 31 percent) showed tobacco use in a negative light.
- Many big-name stars have been shown smoking in films, including Drew Barrymore, Nicolas Cage, Will Smith, Ben Stiller and Mark Wahlberg.

Some of the movies studied include *Charlie's Angels*, *X-Men*, *Big Daddy*, *Austin Powers 2* and *The Mummy*.

PIRG says tobacco companies benefit from people who start smoking at an early age: 90 percent of adult smokers begin the habit before they're 18. Teenagers make up over a quarter (26 percent) of the movie-going population. More than 60 percent of nine- to 17-year-olds rent videos at least once per week.

The PIRG report *Tobacco at the Movies* is available at www.pirg.org/tobacco.

did a lot of smoking in *My Best Friend's Wedding*

(see *Prevention File*, Vol. 16, No. 3, Summer 2001).

Who's responsible? Glantz believes there are so many people involved in creating a motion picture that it's hard to pin down where the influence of tobacco companies is being felt. “It's probably not the producers because if they were involved it would get into the traditional kind of product-placement deal, and that's pretty dangerous right now from the tobacco industry's point of view. It's probably actors, directors, property masters—who knows?” To conceal the source, money or

gifts might be passed through an ad agency or other intermediary.

So far there has been no formal response from the Motion Picture Association of America and its chief executive Jack Valenti. Glantz says: “Valenti and the MPAA originally were ridiculing the idea, saying ‘over my dead body.’ More recently they've been quieter, and I think the reason is that these sort of glib refusals and denials aren't playing very well. More and more people are recognizing that this is a big problem and something needs to be done about it. I'm actually feeling pretty good about how the campaign is going.”

One thing that makes Glantz feel good is the support of a prominent figure in the

movie industry, producer and director Rob Reiner of Castle Rock Entertainment.

“Castle Rock actually has a policy now. It isn't that they won't show any smoking under any circumstances, but anyone who wants to put smoking in a Castle Rock movie has to go to Reiner personally and convince him it's absolutely necessary.”

Glantz points out that he's not advocating government censorship of smoking in the movies as a public health measure. “What we want is an R rating if there's smoking in a movie. We want to


remove the economic incentives to put

smoking in the movies. We want people in Hollywood to have a heightened appreciation that this is a real serious problem that they ought to deal with. People in the Hollywood power structure have basically viewed this as some sort of silly issue and are not willing to accept responsibility. But the fact is, they're helping kill five million people every year.”

For more information on the Smoke Free Movies initiative see www.smokefreemovies.ucsf.edu. □

GETTING TOUGH ON TOBACCO ENFORCEMENT

**It's been
estimated
that every
day more
than 4,000
youngsters
in the United
States try their
first cigarettes.**

 KIDS UNDER 18 may be finding it harder to buy cigarettes, thanks to a nationwide effort to gain greater compliance with laws forbidding sale of tobacco to minors. After a slow start, federal legislation enacted more than a decade ago is pressuring state governments to put teeth into their tobacco enforcement programs.

The federal legislation is the Synar Amendment, named for former Rep. Mike Synar of Oklahoma, who served in Congress from 1989 to 1995. Passed in 1992, the Synar Amendment threatens states with loss of federal grants for substance abuse prevention and treatment if they fail to enact and enforce laws against the sale of tobacco to children.

The strategy is similar to one used to gain nationwide adoption of 21 as the legal drinking age. Under legislation enacted in the 1980s, states faced a loss of federal highway funds if they did not fix 21 as their drinking age as a means of reducing traffic fatalities involving teenagers. In short order, age 21 for purchasing alcohol became the law of the land. With the Synar amendment, however, the response of the states has not been as easy to measure. What looks good on paper may not look so good in the real world of tobacco counters, vending machines and kids with money to spend.

A report released in September 2002 by the Substance Abuse and Mental Health Services

Administration found that the states are doing a better job of complying with the Synar Amendment than they did in the first few years after its enactment. SAMHSA had calculated that 40.1 percent of tobacco vendors were failing to observe the age-18 rule in 1996. By 2001, the agency reported, the noncompliance rate had fallen to 16.3 percent.

"The report is good news if it reflects a real reduction in tobacco sales to kids as a result of better state enforcement of youth access laws," said Matthew L. Myers, president of the Campaign for Tobacco-Free Kids, which works on a broad front to keep young people from starting to use tobacco. He pointed out, however, that the SAMHSA report doesn't say whether the states have corrected flaws in their enforcement programs identified by the





General Accounting Office.

The GAO, a federal watchdog agency, reported in 2001

that many states were not following reliable procedures in calculating what percentage of their tobacco vendors are complying with the age law. Some states were using “inaccurate and incomplete” lists of tobacco outlets and vending machine locations in selecting samples for inspection, thus casting doubt on the validity of their reported compliance rates. Moreover, many states were testing for compliance by sending boys and girls as young as 14 or 15 to try to buy tobacco. A youth of 16 or 17 would provide a better test of whether a vendor was ready to demand age identification. Also, because of variations in the way states are measuring compliance, state-to-state comparisons of progress are not reliable, the GAO pointed out.

For the next round of reporting, SAMHSA is asking states to spell out in more detail how they are conducting their inspections, and in particular to describe changes they have made from previous procedures to assure greater reliability. SAMHSA has been giving states a chance to put more resources into enforcement and inspection if they have failed so far to satisfy the Synar requirements. The National Governors Association has been pressuring the federal agency to provide for probationary status for states not meeting Synar requirements and to offer technical assistance to make their compliance efforts more successful. The governors argue that it

is self-defeating to withhold substance abuse treatment and prevention grants from non-complying states.

Meanwhile, many states are pointing with pride to the evidence—flawed or not—that they are making it harder for young people to buy cigarettes and smokeless tobacco. The justification for the 18-year smoking age and the Synar Amendment is research indicating that the earlier in their lives that people start to smoke, the more likely they will become addicted to nicotine. It’s been estimated that every day more than 4,000 youngsters in the United States try their first cigarettes. About 2,000 become regular smokers, and about a third of these will die of smoking-related diseases.

States are required under Synar to reduce to 20 percent the proportion of outlets found in inspections to be selling tobacco to minors. In the reports for 2001, about three-fourths of

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diseases.**



the states were claiming to have reduced their noncompliance rates to 20 percent or less. Some states have shown dramatic reductions. Among the stellar performers on this measure were Colorado, down from a 41.3 percent noncompliance rate in 1997 to 7.2 percent in 2001; Hawaii, down from 44.5 percent in 1997 to 7.7 percent in 2001; Louisiana, down from 72.7 percent in 1997 to 8.5 percent in 2001; Mississippi, down from 40 percent in 1997 to 5.7 percent in 2001; and South Dakota, down from 31 percent in 1997 to 4.5 percent in 2001.

But how reliable are the numbers? As the GAO pointed out, inspection procedures vary too much from state to state to make valid comparisons. As an example, the South Carolina Department of Alcohol and Other Drug Abuse Services said the compliance checks in that state were conducted during a 13-week period early in 2002. Youthful volunteers made 4,818 random, unannounced attempts to buy cigarettes in 341 communities across all 46 counties of the state. The attempts were made at convenience stores, grocery stores, drug stores and discount stores, as well as at vending machines in restaurants, hotels and other establishments. Of these attempts, said the state agency, 747 resulted in sales to minors, for a noncompliance rate of 16 percent.

South Carolina obviously blanketed the state in its inspection program, but its report said the age of its volunteers ranged "between 14 and 17," not specifying how many were at the lower end of the age bracket. The GAO would point out that a tilt toward younger

volunteers would affect the results of the inspections. Hawaii, in another example, said it used volunteers aged 15 to 17 to try to buy cigarettes at 249 stores in various Hawaiian counties. In some counties the volunteers were denied cigarettes 100 percent of the time, while in one county the noncompliance rate actually rose from 10 percent the previous year to 25 percent in 2002.

The GAO report recommended that SAMHSA work more closely with the states to help them increase the accuracy and completeness of the lists of tobacco outlets from which they draw random samples for inspections. It also suggested that more weight be given to the age of minors used in inspection programs in order to improve their validity, and urged that SAMHSA work with states to develop a more standardized inspection protocol and more uniform implementation across the states.

It is not clear what impact the Synar Amendment and its approach to prevention

NOT SO SUCCESSFUL?

The Boston Globe (Nov. 26, 2002) says that state officials and public health advocates have exaggerated the success of Massachusetts' \$350 million antismoking campaign. According to its analysis, the state inflated the decline in smoking rates and took credit for changes outside the campaign, such as the increase in the state's cigarette tax. Massachusetts now has the third-lowest rate of smoking in the United States. But the analysis found that smoking rates in the state began to decline before the antismoking campaign was implemented in late 1993. Furthermore, the review showed that the rate of decline actually slowed since the campaign began. Studies by the CDC, as well as independent analysts, found that the decline in smoking rates in Massachusetts isn't necessarily attributed to the state's antismoking ads, but could be traced to an increase in the cigarette tax from 26 cents to \$1.51 per pack. State public health officials defended their message about the campaign's benefits, saying it wasn't oversell. "We see the tax increase as part of the campaign," said Lois Biener, a senior research fellow with the University of Massachusetts at Boston. "And a change in the social norm about smoking may lead to support for more tax increases. So you can't separate the effect of the tax increases from the effect of the program."

is having on the smoking habits of young people. In general, however, it appears that campaigns aimed at reducing smoking by youngsters in the United States are working. According to the latest survey of adolescent smoking prevalence released by the National Cancer Institute, smoking among 12th graders declined from 37 percent in 1997 to 32 percent in 2001. The goal under the government's "Healthy People 2010" plan is to reduce the number of adolescent smokers to 16 percent by the year 2010. "Much work and continued progress are needed in order to reach that goal," says the Cancer Institute. □

BOOK REVIEW

ALCOHOL IN DEVELOPING SOCIETIES: A PUBLIC HEALTH APPROACH

By Robin Room, David Jernigan, Beatriz Carlini Marlatt, Oye Gureje, Klaus Mäkelä, Mac Marshall, Maria Elena Medina-Mora, Maristela Monteiro, Charles Parry, Juha Patanen, Leanne Riley and Shekhar Saxena

ALCOHOL IS AN IMPORTANT SOURCE OF HEALTH AND SOCIAL PROBLEMS in developing countries. *Alcohol in Developing Societies: A Public Health Approach*, a new book from the World Health Organization, sets out what is known about the causes and sources of alcohol-related problems in developing societies and what can be done to reduce alcohol-related harm.

In much of the developing world—defined as all of Africa, the Americas south of the United States, Asia except Japan and Russia, and Oceania excluding New Zealand—the predominant pattern is of infrequent heavy drinking, particularly by men. Many parts of the developing world are characterized by hazardous drinking patterns resulting in a range of adverse consequences.

The levels of alcohol-related problems in a given society tend to rise and fall with changes in the level of per-capita alcohol consumption in the society.

According to *Alcohol in Developing Societies*, since about 1980, the developed world, mainly consisting of Western Europe and North America, has

shown stable or decreasing alcohol consumption. In contrast, in the developing world, per capita consumption, grew from

1961 to the middle 1970s, then kept increasing in Asia, but decreased somewhat in Latin America and decreased somewhat more in Africa. The general rule in the developing world seems to be that alcohol beverage consumption rises with improving economic circumstances.

The authors examine the impact of the globalization in the alcohol market, which relies heavily on marketing as “a dynamic driver of change in the customs and amounts of drinking.

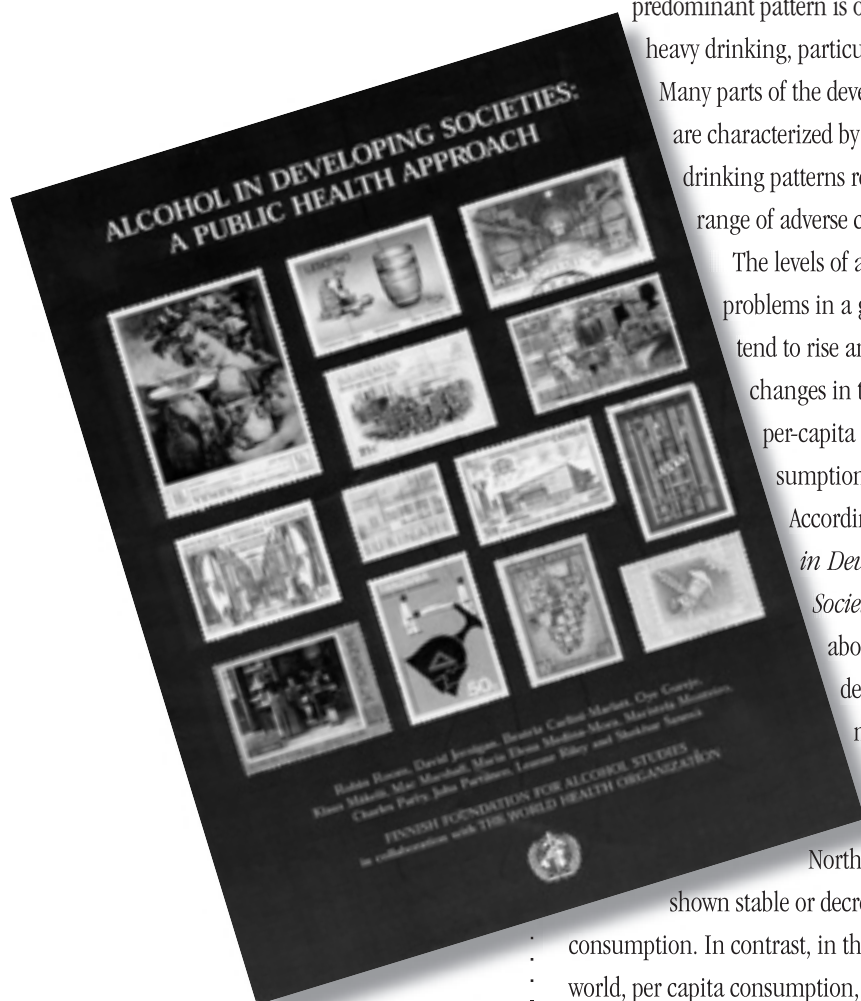
“To the extent that a shift to industrial production of alcohol results in increased consumption, there are likely to be adverse effects on health and order.”

The authors also provide an analysis of measures aimed at reducing alcohol-related harm in the developing world. They say that the most effective approaches to reducing alcohol problems regulate alcohol’s availability and conditions of use. Some measures include alcohol taxation, limits on the number of sales outlets and restrictions on advertising and promotion, among others.

Alcohol in Developing Societies is written primarily for those involved in dealing with alcohol problems in developing societies. However, others will find that this in-depth look at alcohol use, problems and policies sheds new light and opens interesting perspectives on major issues in the alcohol policy field.


Alcohol in Developing Societies: A Public Health Approach (ISBN 951-9192-63-8).

Available through WHO Publications Center USA, fax 518/436-7433, e-mail qcpc@compuserve.com. Price \$20. ☐





READY . . . FIRE . . . AIM?



In the alcohol, tobacco and other drug prevention field, the clarion call at the federal, state and local levels is for outcome-based prevention. But are we aiming in the right direction? Are we on the mark?

The question of setting prevention priorities was the subject for a panel of public health experts at the 130th Annual Meeting of the American Public Health Association in Philadelphia in November 2002. The panel presented an analysis of U.S. prevention policies, their research basis and the role that science can have in promoting public health and safety goals.

Prevention of alcohol, tobacco and other drug problems has moved from minimal national attention and individually focused educational activities and scare tactics in the 1960s and 1970s to heightened government concern in the 1980s and 1990s, accompanied by increased federal funding to states and localities. Today effectiveness, accountability, collaboration and evidence are the watchwords, along with an emphasis on policies as well as programs.

Nevertheless, current prevention efforts are

in some cases still marked by “a lack of cohesion, splintered ideologically and otherwise, and vying for resources,” said Julia Spencer, a public health adviser with the U.S. Substance Abuse and Mental Health Services Administration’s Center for Substance Abuse Prevention, who moderated the session.

Panelists offered their views on what a system for effective alcohol and other drug problem prevention would look like.

According to Norman Giesbrecht, PhD, senior scientist from the Centre for Addiction and Mental Health in Toronto, Canada, an outcome-based prevention framework starts with identifying the problem, discerning and documenting intervening variables, then looking for appropriate prevention strategies. Sometimes referred to as “logic model” planning, this approach to understanding and addressing problems associated with alcohol, tobacco and illicit drugs is rising in prominence.

Factors to consider in adopting prevention priorities include:

- Scope of problem reduction in terms of burden of disease—premature death, morbidity and social disruption
- Relative effectiveness of resource allocation with preference to efforts that will achieve greatest reduction of the burden of disease for the lesser cost
- Activities that will influence longer-lasting systems change while expanding the capacity of existing institutions to persist in the implementation and surveillance of the policies and programs chosen.

As for their contribution to the global burden of disease, death and injury, alcohol and tobacco account for about 4 percent each, illicit drugs 1 percent, according to a recently released World Health Organization report (www.who.int/msa/mnh/ems/dalys/intro.htm).

Giesbrecht gave two examples from federal agencies of outcome-based prevention planning demonstrating results in the real world.

One is the National Highway Traffic Safety Administration, which has, among other

HELP IS ON THE WAY

The U.S. Center for Substance Abuse Prevention is developing a series of resource documents to provide programmatic guidance to the states as they move from the Substance Abuse Prevention and Treatment Block Grant "six strategies framework" to an outcomes-based system to be implemented under the new Performance Partnership Grant program.

The publications will provide:

- a framework for the systematic application of research and practice to inform prevention of real-world substance-related problems
- a description of alcohol, tobacco, and illicit drug-related problems, costs and prevalence and patterns of substance use
- evidence-based analyses of the range of strategies for preventing problems resulting from alcohol, tobacco and other drug use
- a compilation of sources of data for alcohol, tobacco and other drug surveillance and evaluation

These publications will be available in 2003. For further information, please contact Julia Spencer at jspencer@samhsa.gov.

activities, focused on reducing alcohol-related traffic deaths and injury and has had measurable successes through the promotion of such countermeasures as .08 BAC limits and zero-tolerance laws and graduated driver's licensing for teenagers. From 1982 to 1997 alcohol-related traffic fatalities nationwide dropped by 36 percent, but this reduction varied substantially by state. Now the agency is revising its strategies to look at environments.

"We still see that over half of impaired driving incidents emanate from commercially licensed establishments, such as bars and restaurants," Giesbrecht said.

The other is the Center for Substance Abuse Prevention's results in states through implementing the Synar Amendment to reduce underage tobacco sales (see page 5). CSAP's experience in this area may support greater use of federal incentives to encourage state movement toward outcome-based prevention,

despite concern that withholding of funds is often perceived as reducing treatment opportunities.

Giesbrecht explained how outcome-based planning worked at NHTSA and CSAP to attain those results. NHTSA and CSAP clearly articulated measurable goals, identified intermediate variables that would lead to realization of their goals and then selected strategies that would influence those intermediate variables in ways that have been demonstrated to accomplish the goals. Giesbrecht illustrated his explanation with charts depicting these problem-oriented planning processes.

Robert Denniston, communications director of the White House Office of National Drug Control Strategy, said that among constraints in advancing prevention is the adversarial nature of the debate on how best to proceed, which is framed as:

- supply reduction versus demand reduction
- prevention versus treatment
- use per se versus problems
- individual versus environmental approaches

- crime versus health
- public interest versus special interest
- accountability versus flexibility

According to Robert Reynolds, director of the Center for Policy Analysis and Training at the Pacific Institute for Research and Evaluation, the essential elements for success in prevention include:

- Convergence of scientific evidence.

Reynolds said that while the prevention field now has a foundation of reasonable comprehensive, compelling and multi-national research to inform prevention efforts, it is often difficult to discern this evidence "in the clutter of lower-quality research."

- "Translation" of scientific evidence.


According to Reynolds, efforts to interpret scientific evidence for prevention practitioners and policymakers have been historically underdeveloped. However, examples from drinking and driving prevention and tobacco control policies show that when some translation takes place, progress can be made.

- Policy and prevention priorities based on best evidence. Reynolds believes that much improvement is needed in this area as popular programs are often those with the least potential for impact, and effective strategies are underutilized. He says that more attention on the scope of the impact of efforts and cost effectiveness is needed.
- An organized and integrated constituency. Reynolds says that in the United States, prevention constituency groups are fractured, narrowly focused and isolated from each other.

But despite such concerns, Reynolds says that the prospects for success are now better than ever. "The potential gain is well worth the effort." □

Police in Schools: Doing It the Australian Way

By Rodney Skager

 SENIOR CONSTABLE DES HUDSON of the Victoria Police is an affable and enthusiastic

officer who does school-based prevention education in communities west

of Melbourne. Before joining the Police Schools Involvement Program, he did regular police work, and I soon learned how this experience contributed to his job as a School Resource Officer.

Each time I entered a school with “Senior Des” or other SROs, children or teenagers greeted them with the kind of banter that reveals comfortable relationships and at the same time was *echt* Australian. At the door of the first school a 10- or 11-year-old boy passed on a request from his mother about a problem in the neighborhood. Des promised to ask local police to look into it. Des was also a member of the city council of the city of Ballarat. He assured me that Australian democracy got its start there and we visited the local memorial to prove it.

Des Hudson is a natural. He knows how to develop and deliver material in ways that get kids involved. He does a lot of kidding, using obvious exaggerations to amuse younger kids. One of the principals assured me that Des was a born teacher. I saw him use classroom

management tactics that the pros use. For example, two girls were talking at the same time that Des was making a point. He asked a third girl to tell the two what he had just

said. She did so. No shaming, no recriminations.

One of the lessons Des gave demonstrates how SRO officers work. I also observed other officers in both primary and secondary classrooms, and the conclusions from this particular lesson fit their teaching as well. Incidentally, each officer serves ten schools over a two-year period. He or she then moves on to other schools, returning to the first set after another two years.

Officers are carefully evaluated before being accepted into the PSIP training program. If accepted, they learn teach-

ing and management skills and develop and try out lessons. They must demonstrate during training that they are able to relate to children and teenagers. Laurel Sutton, manager of the PSIP and my cor-

dial guide during the visit, explained that, “It is natural ability plus learnt skills that make for a good SRO.”

This particular lesson was in a 6th grade class at a primary school in the town of Creswick. The topic was bicycle safety. Des began by asking each of us, including the teacher and me, to describe a bicycle accident we might have had. (Teachers stay in the classroom and are responsible for behavioral management if needed.) Except for Laurel Sutton, all of us, including Des, had an accident story. After each story Des put a tally mark on the board under the letters K, S, A or E, a coding system that remained secret until all of the stories were classified. Then we

Officers are carefully evaluated before being accepted into the PSIP training program. If accepted, they learn teaching and management skills and develop and try out lessons.



learned that “K” was for *knowledge* (lack of it in this case), “S” was for *skill* (the most frequent reason), “A” for *attitude* (carelessness, taking risks, etc.) and “E” for *equipment*.

Then he used our own experience to generate rules for safety under each of the four categories. Last, he related a fatal bike accident he witnessed as a rookie cop. He explained how the accident had happened and how terrible he felt about the young man lying at his feet. The kids listened.

Apparent in this particular lesson are significant principles of the program.

First, PSIP focuses on safety in a variety of areas, not just alcohol and drug use. Policy guidelines for the program were formulated with the intent of bringing police into closer contact with the communities they serve. Seven broad themes include keeping ourselves and others safe, drug and alcohol education, personal development and consequences of our actions. Specific topics under these

umbrella categories are selected and developed according to needs of local communities where the officers serve.

Second, officers do not work from a standard, lock-step curriculum. They have all done regular police work and develop their own lessons based on local needs and personal experience. They have a well-staffed resource center in the modern Victoria police headquarters on Flinders Street in Melbourne. The officers on regular duty there, one of whom is a former teacher (and on his weekends a referee for big-league Australian

football), provide support and assistance and do presentations of their own. And, *surprise*, the director of PSIP, Laurel Sutton, is a *civilian* with prior experience in social and health programs.

Third, officers develop friendly and interac-

tive relationships with children and educators. This begins with dress. They carry no equipment, no gun, flack jacket or stick.

Their uniforms are casual, usually plain blue trousers, a short-sleeved, light blue shirt with a Victoria Police patch and rank insignia on the sleeve. Des sported what we Yanks would call a baseball cap, also in police blue. I asked, “How do you introduce yourself on the first visit to a class?” He does an act. He enters wearing dress uniform, chin tucked in military style and, while glaring balefully around the classroom, announces in a deep voice, “I am Senior Constable Desmond Hudson.”

With the kids now thoroughly intimidated, he removes the hat, relaxes his posture, gets real and explains how he and the students will be doing things together during the year—both “head” things and “fun” things.

I also joined Des and the other officers as they socialized with teachers and administrators during tea breaks and other informal encounters. SRO officers make themselves part of the school, but they also know to “stay on their own turf,” as one principal put it. Officers not only deliver lessons in the classroom, they are expected (according to the

case study cited earlier) to engage in “other interactions in the school such as staff room discussions, school camps, playground activities and parent meetings.”

I admired the atmosphere in Australian classrooms. In primary schools students wore school uniforms of light sweat suits and school T-shirts. Teachers could wear similar clothing if they chose, and they usually did. Classrooms were bright, clean and equipped with computers and resource materials. Buildings were usually modern and well maintained. Relationships between adults and students were relaxed and informal where appropriate, but businesslike at the same time.

Finally, the program exists under governmental policies that in my view are both rational and humane, especially as applied to drug education. For example, the Victoria Department of Education guide to school principals includes the following considerations:

- The reasons for drug use are complex and varied.
- Illicit drug use is often experimental and/or recreational.
- The majority of young people who experiment with illicit drugs will not become dependent users.
- Long-term exclusion from school marginalizes vulnerable young people.
- Illicit drug issues are usually sensitive and emotive.

These principles encourage use of common sense with respect to goals and promote concern about the welfare of young people who do try drugs. They reveal realistic thinking that undermines hysterical overreaction and counterproductive punishments for youthful offenders. They also underwrite a second set of understandings that form a realistic basis for

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We shouldn't
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A DIFFERENT DARE?

Eighty percent of U.S. school districts use the DARE—Drug Abuse Resistance Education—7th grade curriculum for alcohol and other drug prevention. According to a recent evaluation of the new DARE, students show improvement in decision-making skills, drug refusal skills and beliefs that drug use is socially inappropriate.

The research results are based on findings from an ongoing five-year study of the new DARE science-based curriculum, which is being tested in six U.S. cities—Detroit, Houston, Los Angeles, Newark, New Orleans and St. Louis. The study involves over 24,000 students from 83 high schools and their 122 middle schools. Half of these high schools and middle schools were randomly assigned to receive the new DARE program while the others were assigned to a control group for comparison purposes.

The findings show:

- More students decided against using drugs: The research found that decision-making skill scores for those schools receiving the new curriculum were 6 percent higher than for control-group schools, including those that offered other forms of prevention education.
- More students found drug use socially inappropriate and believed fewer peers used drugs: Results show that the schools that received the new DARE curriculum show as much as a 19 percent reduction in normative beliefs, showing that more students learned how to refuse drugs: Refusal skills were significantly higher—5 percent—among treatment students compared to control and comparison students.
- Fewer students reported intent to use inhalants: Scores were significantly lower by as much as 4 percent with respect to intent to use inhalants for those students who received the new DARE curriculum.

These findings are in contrast to a number of previous studies on DARE's lack of efficacy in preventing or reducing alcohol, tobacco and other drug use (*Journal of Consulting and Clinical Psychology*, August 1999, Vol. 67, No. 4).

drug prevention education.

Among these are the following:

- An understanding that many students have used, currently use and will use drugs
- A recognition that nonusing students are subject to potentially harmful situations by the behavior of drug-using people
- A recognition that drug use provides varying degrees of risks for the user
- An acceptance that drug use by young people is a personal choice that is usually not within the control of teachers and schools

Recognizing that schools cannot be expected to prevent most drug use among youths paves the way to a different kind of prevention education. An emphasis on safety and reducing damage associated with use (binge drinking, for example) can then take center stage. Programs for children and youths in drug-abusing families and sober-driver programs are supported by the second understanding, and so on.

Laurel Sutton articulated this kind of

thinking when we were discussing the role of punishment for youthful drug offenders.

"Kids ought to be able to make mistakes.

We shouldn't disadvantage and persecute them. We should expect that they learn from their mistakes and help them to do that."

The Police Schools Involvement Program reflects this humane and realistic assessment. Drug policy in our country, with its utopian goals and often intolerant approach to youthful offenders, could learn a great deal from our sister democracy down under. Maybe we ought to invite Senior Des to come north and give us a demo and maybe even a kick in the pants. □

Rodney Skager is professor emeritus at the UCLA Graduate School of Education and

Information Studies and a frequent writer and speaker on AOD prevention education.

Editor's Note: Further information can be obtained from laurel.sutton@police.vic.gov.au or by writing to Laurel Sutton, Manager, PSIP, Concourse level, Victoria Police Centre, 637 Flinders Street, Melbourne, Victoria 3005, Australia. For information on Police/Schools Involvement Program, Victoria Police. Police in Australia—Issues and Innovations in Australian Policing (Case Studies), Australian Institute of Criminology, see www.aic.gov.au/policing/schools/html.



RETHINKING ALCOHOL

Tobacco and Other Drug Control

THE ALCOHOL, TOBACCO AND OTHER DRUG section of the American Public Health Association gave its 2002 Lifetime Achievement Award to Robin Room, PhD, at its business meeting in Philadelphia. Room is a professor and the founding director of the Centre for Social Research on Alcohol and Drugs at Stockholm University. He has served as director of the Alcohol Research Group in Berkeley and vice president for research at the Addiction Research Foundation of Ontario, Canada. He is the author of numerous papers and books, most recently *Alcohol in Developing Societies: A Public Health Approach* (see page 8). He is a member of

Prevention File's Scientific and Policy Advisory Board.

Accepting the award, Room gave a talk on rethinking alcohol, tobacco and other drug control policies in a common framework, noting that the section's combined mandate for the three areas encouraged such thinking. He pointed out that neurobiological research has given us a new understanding of what is in common between psychoactive substances as well as what they shared in

terms of the biological mechanisms of their action with

such other everyday activities as eating food and having sex. Therefore, use of psychoactive substances should be viewed as just one segment of the spectrum of activities by which humans get pleasure or relief from pain—activities that often become habits. Attempts to distinguish between some pleasures as good because they are natural and others as bad because they are artificial, Room felt, is a matter of aesthetics rather than science.

“We readily accept artificial aids in a circumstance that we define as an illness—opiates for intractable pain, for instance, or Viagra for male impotence. We also rely on artificial means for many everyday plea-

We readily accept artificial aids in a circumstance that we define as an illness—opiates for intractable pain, for instance, or Viagra for male impotence.

...sures: We do not ban roller coasters or forbid swings to children or banish television because they are an artificial source of pleasure,” said Room.

From Ideology to Public Health

Rather than focusing on ideological responses to substance use that sometimes color the discussion, Room says that attention should focus at the dimensions of substance use that concretely affect public health. These include physical health consequences, both acute and chronic; effects on thinking and actions that adversely affect the user or others; and adverse effects if the user defaults on family, work or other social roles. Considering just part of this range of problems, disease and disability effects, Room noted that the new Global Burden of Disease estimates from the World Health Organization found that 8.9 percent of lost disability-adjusted life-years were attributable to alcohol, tobacco and illicit drugs, with a much higher proportion—23.7 percent—in the region including the United States. On a global basis, 91 percent of this burden was attributable to alcohol and tobacco, said Room.

According to Room, the best approach for diminishing this burden is a policy of selective discouragement, “sometimes robust and sometimes gentle.” As far as possible, the dis-

couragements should be mundane, built into the social fabric and adapted to local circumstances. He said that a crucial part of such a policy is active control over the markets in the substances. In the present era, the mechanisms of such controls, however, are often under attack from courts and trade agreements and disputes. Since many of the problems from substance use occur at quite local levels, local governments need to have substantial powers to respond. But often higher levels of government or international agreements and bodies preempt the ability to respond at the local level.

According to Room, such actions, often fueled



Robin Room, PhD

**In rethinking
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psychoactive
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need a public
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the problems
which is
comprehensive
and global.**

by commercial interests, include placing alcohol control decisions at the state level in California after Repeal, or preemptions of local tobacco control decisions at the state or federal level.

“Until recently this dynamic primarily played out between local and state governments or between state and federal levels. Now the dynamic is also occurring at the supranational level. The ability of nations, or of their subunits, to impose controls is limited and potentially preempted by the existing structure of trade agreements and disputes, and still more by



the proposed General Agreement of Trade in Services,” said Room (see *Prevention File*, Vol. 16, No. 3, Summer 2001).

And as the production and trade of the licit substances move toward greater concentration in a few multinational corporations, those profiting from the sales of psychoactive substances have the potential to wield great political power. Room said that it has become more important to ensure that communities and local governments are not “hamstrung” at state, national or international levels from responding to local problems.

Room concluded that in rethinking control of psychoactive substances, “we need a public health vision of the problems which is comprehensive and global.” But “sweeping visions and actions once and for all” were not the answer, given the entrenchment of the substances in human life. The task, instead, “requires sustained attention to detail and, above all, perseverance”. □

SMOKING CRACKDOWN IN ITALY


In Italy smoking is banned in some restaurants, offices and public places, but Italians frequently light up in no-smoking areas. But things will get tougher in a year under a new law that bans smoking in most public places.

Bar and restaurant owners will have to create separate smoking areas if they want to allow smoking. And owners failing to enforce the law face up to \$2,000 in fines. Individuals who light up in no-smoking areas face fines of \$25-\$250. The amount can double if they smoke near a pregnant woman or child under 12.

About 12 million Italians—or 20 percent of the population—smoke. Health Minister Girolamo Sirchia has campaigned to get them to quit. In 2002 he recommended forming a “Vigilance Committee” to keep smoking from being glamorized on television.

Overexposed:

Youths a Target of Alcohol Advertising in Magazines

 THE CENTER ON ALCOHOL MARKETING AND YOUTH at Georgetown University is asking the Federal Trade Commission and states to consider greater restrictions on alcohol advertising following a recent CAMY study that found youths are more likely than adults to see alcohol ads in the magazines they read.

During 2001, youths between the ages of 12 and 20 saw 45 percent more beer ads, 27 percent more distilled spirit ads and 60 percent more “malternative” ads in national magazines than adults over 21, according to the study, *Overexposed: Youth a Target of Alcohol Advertising in Magazines*.

Researchers also found the alcohol industry regularly advertised in magazines with high youth readership, spending almost a third of its magazine advertising dollars in ten magazines with at least 25 percent youth readership.

“America’s parents should be disturbed by these findings,” said Jim O’Hara, CAMY’s executive director. “They aren’t seeing

these ads but their children are because that’s where the industry is putting them—in the magazines their kids read.”

The study on magazines is the first in a series of studies on alcohol advertising being conducted by CAMY. The organization, which

was started in May and is funded by the Pew Charitable Trusts and the Robert Wood Johnson Foundation, is also studying alcohol advertising on television, radio and the Internet.

David Jernigan, research director for CAMY, said the magazine results alone lead to one conclusion.

“The bottom line is that industry self-regulation isn’t working,” Jernigan said. “The codes and standards set by industry trade officials and the companies themselves either aren’t high enough or they aren’t being enforced. The codes need to be strengthened by the government, either federal or state.”

Jernigan recently testified before the Assembly Standing Committee on Alcoholism and Drug Abuse of the New York

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The fact that alcohol ads are reaching youth does not appear to be accidental, according to the report. In today's media-rich environment, advertisers can use demographic research to fine-tune their advertising plans.

State Assembly Committee on Consumer Affairs and Protection. He said CAMY is also working with officials in a number of states concerning this issue.

CAMY's campaign is in response to a 1999 FTC report reviewing alcohol advertising and marketing and calling on the industry to "raise the current standards to reduce underage alcohol ad exposure." The FTC also recommended the formation of an industry review board and regular audits on alcohol ad placement.

Jernigan said that, since then, standards have not been raised, a review board has not been formed and if there have been any ad audits, the data has not been made public. "The result has been no change," he said. Or perhaps even change for the worse.

CAMY's study on magazine advertising analyzed \$320 million in alcohol product advertising during calendar year 2001.

Among the key findings in the report:

- **More beer and distilled spirits ads:** Marketers of beer and distilled spirits brands delivered more advertising to youths than to adults in magazines in 2001—45 percent more for beer brands and 27 percent more for distilled spirits brands.
- **More "malternative" ads:** Marketers of low-alcohol refreshers, the so-called "malternatives" such as Smirnoff Ice, delivered 60 percent more advertising to youths than to adults.

- **Fewer wine ads:** For wine, the second leading alcohol advertising category in magazines, youths saw 58 percent less advertising than adults. The ability of most wine advertisers to reach an adult audience while minimizing reach to the underage audience shows how advertisers can reach an adult target audience without overexposing youths.

- **Only young adults see more ads than underage youth:** Underage youths saw nearly as much advertising as young adults ages 21-34. Adults ages 35-plus were a distant third audience. For example, those ages 21-34 saw 16 percent more beer advertising than youths 12-20, while underage youths saw 95 percent more beer advertising than adults 35-plus.

- **Alcohol ad dollars follow youth audiences:** Ten magazines with underage audience compositions at or above 25 percent accounted for nearly one-third of all alcohol advertising expenditures in measured magazines. (In 1999, the Federal Trade Commission pointed to a 25 percent underage audience as an effort by some companies to limit underage youth exposure.) In addition, more than half of the money spent on alcohol magazine advertising was in 24 magazines with youth audiences that exceeded 15.8 percent, the percentage of youths in the U.S. population age 12 to 20. In fact, 25 brands placed all of their magazine advertising in youth-oriented magazines.

For the study, CAMY hired experienced market researchers and used industry standard research databases, software and methodologies—the same tools used by media planners and buyers to execute advertising campaigns. By “reverse engineering” the actual alcohol ads in magazines, the analysis shed light on the information that is available to alcohol marketers when they make decisions on ad spending.

The fact that alcohol ads are reaching youths does not appear to be accidental, according to the report. “In today’s media-rich environment, advertisers can use demographic research to fine-tune their advertising plans. This research allows advertisers to reach audiences that may be segmented by their interests, age, gender, income and numerous other factors . . . how well a target audience is hot may be measured with precision.”

Also, “Magazines are a uniquely flexible advertising medium. They offer advertisers substantial exposure to consumers while still providing precise targeting by demographic and lifestyle factors based on specialized content.” CAMY was formed to monitor the marketing practices of the alcohol industry and to focus attention and action on industry practices that jeopardize the health and safety of America’s youths.

Jernigan said the toll for underage drinking is high. Among the factors to consider are these statistics, compiled by CAMY:

Alcohol-Impaired Driving

- According to the National Highway Traffic Safety Administration, 6,390 young people ages 15-20 died in motor vehicle crashes in 2000. Alcohol was involved in 36.6 percent of deaths.
- In 2001, 3,594 young drivers ages 15-20 died in motor vehicle crashes. Of those, 1,066—29 percent—had been drinking, and 21 percent were legally drunk at the time of the crash.
- Although the total number of traffic fatalities dropped for the 15-20 age group between 1999 and 2000, the number of alcohol-related traffic fatalities rose for the same time period.
- Of the eight million college students in the United States in 1998, more than 2.1 million between the ages of 18 and 24 drove under the influence of alcohol, and more than three million rode with a driver who had been drinking.

Alcohol Dependence

- Americans who begin drinking before the age of 15 are four times more likely to develop alcohol dependence than those who wait until the age of 21.

Risky Sexual Behavior

- In a study conducted by the Kaiser Family



To reduce underage drinking, a dual approach is needed. The first part of that approach is to limit youth access to alcohol. The second part is to limit the appeal of alcohol to youth.

Foundation, nearly 25 percent (5.6 million) of sexually active young adults ages 18-24 in the United States report having had unprotected sex because they were drinking or using drugs at the time. Twenty-four percent of teens ages 15-17 say that their alcohol and drug use led them to do more sexually than they had planned.

Health Consequences

- Alcohol use plays a substantial role in all three leading causes of death among youths—unintentional injuries (including motor vehicle fatalities and drownings), suicides and homicides.
- Those who begin drinking before the age of 14 are five times more likely than those who begin drinking after the age of 21 to be injured while under the influence of alcohol at some point during their lives.
- The costs of youth drinking are an estimated \$58 billion annually and include costs to society such as medical care costs and lost productivity, as well as costs to the young drinker such as pain and suffering and loss of income.
- Among young people, binge drinkers and heavy drinkers are more than twice as likely as non-drinkers to report having attempted to injure themselves or having contemplated or attempted to commit suicide.
- There is growing evidence to suggest that alcohol use prior to age 21 impairs crucial aspects of youthful brain development. In one recent study, heavy-drinking adoles-

cents scored 10 percent lower than non-drinking peers on tests requiring verbal and nonverbal recall and skills needed for map reading, geometry and science.

Jernigan said that to reduce underage drinking, a dual approach is needed. The first part of that approach is to limit youth access to alcohol. The second part is to limit the appeal of alcohol to youths. CAMY strives to limit appeal and has raised concern about advertising for the following reasons:

- A study of 12-year-olds found that children who were more aware of beer advertising held more favorable views on drinking and expressed an intention to drink more often as adults than did children who were less knowledgeable about the ads.
- A federally funded study of 1,000 young people found that exposure to and liking of alcohol advertisements affect whether young people will drink alcohol.
- A 1996 study of children ages 9 to 11 found that children were more familiar with Budweiser's television frogs than Kellogg's Tony the Tiger, the Mighty Morphin' Power Rangers or Smokey the Bear. □

For more information visit the Center on Alcohol Marketing and Youth Website at www.camy.org.

Continued from inside front cover

in hospital) there are five or ten alcohol problems."

Luke and his team studied the type of injuries clubbers were treated for in a large hospital in Liverpool, northern England. Nearly 800 were treated during the 12-month study, and alcohol was the most common contributing factor. Almost 60 percent of the injuries were due to assaults, 10 percent of which were caused by club security staff. One in five clubbers had been attacked with glass bottles or containers. Accidents included falls from stages, windows and stairs.

To reduce the risk of injury, the researchers urge club owners to use unbreakable glass or plastic containers and to eliminate glass outside club venues. They also advised club owners to limit overcrowding, curb promotions for cheap drinks and provide medical facilities on site at large venues.

Good Omen for the Future

Results from the annual *Monitoring the Future* survey of 8th, 10th and 12th grade students in U.S. schools indicate that use of marijuana, some club drugs, cigarettes and alcohol decreased from 2001 to 2002, according to the Department of Health and Human Services.

One hypothesis for the drop is the Sept. 11 terrorist attacks have changed the way many teens think about themselves and the world.

"The hypothesis is that it may have had a sobering effect on young people. They are looking at life a little more seriously and with a less celebratory view. There's enough things that are consistent with that, that we're inclined to give that explanation for at least part of the decline," said Lloyd Johnston, PhD, of the University of Michigan and the lead investigator of the study.

The *Monitoring the Future* study, which is funded by the National Institute of Drug Abuse, annually surveys over 44,000 students in 8th, 10th, and 12th grade in more than 400 schools around the country. Over the past five years, it found the overall illicit drug use had been holding fairly steady: About 27 percent of 8th graders, 46 percent of 10th graders

and 54 percent of seniors reported some kind of illegal drug use. This year it was down in all three grades, with the biggest drop of 2.3 percentage points for 8th graders.

Researchers say that's a possible indication

that teen drug use will continue to go down over the next few years because drug-abuse trends are often set at a young age and track with students as they go through school.

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Ten Years Ago in *Prevention File* (Vol. 8, No. 1, Winter 1993)

SMOKING ROUNDTABLE: CALIFORNIA'S TOBACCO CONTROL INITIATIVE

IN THE 1988 GENERAL ELECTION, California voters adopted an initiative measure—Proposition 99—that raised the state excise tax on cigarettes by 25 cents a package and provided that part of the revenue be used to support a statewide campaign to discourage the use of tobacco. The tax increase became effective on January 1, 1989, triggering a corresponding increase in retail prices throughout the state. A media campaign and local prevention efforts financed by the new tax funds emerged in 1990 and 1991.

For a roundtable of California's experiences so far, *Prevention File* brought together three persons active in carrying out the campaign and assessing its impact.

John Elder, PhD, professor of public health at San Diego State University, who headed up the evaluation of the Proposition 99 antismoking efforts, said: "Our data shows that the first year after the tax increase, California saw a drop in tobacco consumption of 9.5 percent. That was approximately 6 percent higher than the previous five-year average. The next year, when the media campaign kicked off and there was a gradual start-up of educational efforts, there was only a 4.4 percent drop, so it appeared that the effect

of the tax *per se* was leveling off. But last year we had a 7.7 percent drop, so now we are probably out of the tax phase and into the program phase in terms of effect on consumption, and we are really excited about that figure.

John Pierce, PhD, associate professor and acting head of the Department of Cancer Prevention and Control, University of California, San Diego, and co-scientific director of the California Tobacco Survey, offered a qualification: "What you saw in the first year wasn't a

simple tax effect. That actual passing of the initiative and all the events that went on in 1988 had a major media agenda-setting role. What we have seen in different places is that process of cigarettes can go up, and if they're not accompanied by any fanfare, there may be very little change in consumption. But when there's a large fanfare that goes with it and the media agenda is set, then you see the sort of effect we had. Now that the effect of the tax is out of the way, we are talking about programmatic effect. There's been a 17 percent decline in the prevalence of smoking by adults in California between 1987 and 1991. We must very clearly specify that this refers to adults. One big thing that's come out of the campaign is identification of the enormous effectiveness of tobacco advertising in targeting children and promoting the uptake of smoking in children.

Editor's note: This issue of Prevention File looks at two current antismoking efforts. "Getting Tough on Tobacco Enforcement" (page 5) looks at how the federal government is enforcing the Synar Amendment, which threatens states with loss of federal grants for substance abuse prevention and treatment if they fail to enact and enforce laws against the sale of tobacco to children. "Rated 'R' ... for Smoking" (page 2) reports on a push for a voluntary response from the film industry to the apparent proliferation of smoking in the movies.

